



FSA ACCESS FORM TO MOHELA SYSTEMS

FSA client representative who accesses MOHELA’s data and/or resources must read, sign, and agree to this statement. A copy of the signed MOHELA User Access Statement must be completed and submitted to MOHELA.

A MOHELA authorized user understands that the information provided to him or her is protected by the Privacy Act of 1974 as amended, USA Patriot Act, and reuse or redisclosure may be restricted in accordance with the Gramm-Leach-Bliley Act. Protecting this information, once it is entrusted to the user, becomes his or her responsibility. Therefore, the user agrees to protect the privacy of all information that has been provided to him or her and will adhere to all requirements as set forth by the National Institute of Standards and Technology (NIST), as applicable. The user understands that any person, including him or herself, who knowingly and willfully requests or obtains any record under false pretenses, shall be subject to applicable federal and state fines and penalties.

Action requested (check applicable box):

- New User Access Change Request Access Renew Access Deactivate User

Effective Date: _____

If this is a deactivation request, please provide the reason: _____

Check all that apply:

- Image Retrieval COMPASS Access Recorded Call Monitoring
- File Retrieval Web Account Access Live Call Monitoring (Inbound/Outbound)

By signing below, I certify that I have read and will comply with the MOHELA User requirements listed above.

User Information:

User’s Name (print): _____ User Work Phone Number: _____

User’s Job Title: _____ User’s Work email address: _____

User Signature: _____ Date: _____

Supervisor Information/Approval:

Supervisor’s Name (print): _____ Supervisor’s Work Telephone Number: _____

Supervisor’s Job Title: _____ Supervisor’s Work email address: _____

Supervisor’s Signature: _____ Date: _____

(All fields must be completed or the form will be returned.)

Send form to:

FSA System Security Officer
Attention: Greg Plenty
UCP – 43G1
Email: Gregory.plenty@ed.gov
Phone: 202.377.3253

FSA SSO Authorizing Official (print): _____ MOHELA Authorizing Official (print): _____

FSA SSO Authorizing Signature: _____ MOHELA Authorizing Signature: _____

Authorized Signature Date: _____ Authorized Signature Date: _____